

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM F HAWAII
(Type or Print Clearly) STATE ETHICS COMMISSION

PARTI LOBBYIST	(1)		
NAME (Last)	(First)	(Middle)	TELEPHONE
Maluafiti	Alicia		
MAILING ADDRESS (Street)			FAX
91-1012 Kahl'uka Street			EMAIL allicia@loihicommunications.com
(City)	(State)		(Zip Code)
Ewa Beach	Hawaii		96706
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU L	TELEPHONE	
NORESCO, LLC	508-614-1000 FAX 508-898-9399 EMAIL kjester@noresco.com	
MAILING ADDRESS (Street) One Research Drive, Suite 400C		
		(City)
Westborough	MA	01581
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Kris Jester	•	508-614-1047
MAILING ADDRESS (Street)		FAX 508-898-9399
One Research Drive, Suite 400C		EMAIL kjester@noresco.com
(City)	(State)	(Zip Code)
Westborough	MA	01581

LREG 09/2009

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	Transportation ,			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
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PART IV CERTIFICATION			3			
I hereby certify that the	information furnished abov	e is, to the best of my knowle	edge, correct and complete.			
(1-22-13						
	(Signature of Lobbyist)		(Date)			
			·			
PART V AUTHORIZATIO	N TO LOBBY		· · ·			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED David G. Mannherz					
DAVID G. MANNHERZ						
NAME OF ORGANIZATION (if ap	olicable)		TELEPHONE			
NORESCO, LLC			508-614-1000			
MAILING ADDRESS (Street)			FAX 508-898-9399			
One Research Drive, Suite 400C			EMAIL: kjester@noresco.com			
(City)	(State)		(Zip Code)			
Westborough	MA		01581			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
1/12/12						
I	porizing Officer or Person Repres		/ <u>d O / 1 O</u> (Date)			